Department of Health and Human Services/Centers for Disease Control and Prevention

Global AIDS Program

Country Profile — Zimbabwe FY2004

Under the direction of the U.S. Global AIDS Coordinator's Office. the HHS/CDC Global AIDS Program (GAP) is a proud partner in the unified U.S. Government effort to implement the President's Emergency Plan for AIDS Relief, GAP helps resourceconstrained countries prevent HIV infection; improve treatment, care and support for people living with HIV; and build capacity and infrastructure to address the global HIV/AIDS pandemic.



HIV/AIDS Situation in Zimbabwe

HIV Infected: 1.8 million¹ **AIDS Deaths:** 170,000¹ **AIDS Orphans:** 980,000¹

The number of new HIV infections, new AIDS cases, and AIDS-related deaths continues to increase in Zimbabwe. An estimated 1.8 million people in Zimbabwe were living with HIV/AIDS in 2003. Heterosexual sexual contact is the most common mode of HIV transmission in Zimbabwe, with some vulnerable populations affected disproportionately by the epidemic. The Young Adult Reproductive Health and HIV/AIDS Survey (YAS, 2001-2002) collected HIV prevalence and behavioral data on a representative sample of men and women aged 15-29 years be-

tween September 2001 and February 2002. Results indicated that the HIV prevalence among Zimbabweans aged 15-29 years was higher among women (21.8 percent) than men (10.3 percent) and that the highest prevalence was found in the 25-29 year age group for both women (34.7 percent) and men (24.4 percent). A seroprevalence survey among pregnant women attending antenatal clinics from mid-October through December 2002 reported 25.7 percent HIV prevalence among pregnant women in Zimbabwe. It was estimated that the overall adult prevalence of HIV infection was 24.6 percent in 2003.

About GAP Zimbabwe

Year Established: 2000

FY 2004 Core Funds: \$6.6 million US

In-country Staffing: 5 CDC Direct Hires; 14 Locally Employed Staff; 4 Contractors

In FY2004, GAP Zimbabwe focused on 1) enhanced capacity and productivity among funded partners, particularly large institutions and umbrella organizations; 2) leadership on collaborative/synergistic HIV responses, through strengthened U.S. Government collaboration and participation in/support for bilateral and multilateral donors; and 3) sufficient resources (for CDC and for the national response to HIV) to sustain currently successful HIV programs under increasingly difficult economic conditions and to support expansion/roll-out of model national programs.

Challenges to Program Implementation

Zimbabwe continues to suffer a severe socioeconomic and political crises. The economy continues to experience unprecedented rates (>500 percent annual inflation in 2003, and approximately 400 percent annual inflation in 2004) of inflation. The country has also experienced a severe 'brain drain' that includes Zimbabwe's health care professionals. In addition, elements of a previously well-maintained health-care infrastructure are crumbling.

Website: www.cdc.gov/gap





FY2004 GAP Zimbabwe Achievements

Number of individuals who received counseling and testing at CDC/GAP-supported sites		Critical Interventions for HIV/AIDS Prevention ◆ Trained 347 nurses and 80 lab scientists as trainers to support the large scale site expansion for prevention of mother-to-child HIV transmission (PMTCT) and other clinical services, including training in the administration of HIV rapid tests. ◆ Provided 10 organizations with intensive technical assistance to encourage compliance with the workplace HIV/AIDS national policy. ◆ Supported Media for Development Trust to produce 104 episodes in three languages of the radio drama "Mopani Junction." Critical Interventions in HIV/AIDS Treatment and Care
Number of country nationals trained in the provision of laboratory activities	119	
Number of HIV tests performed at CDC/ GAP-supported laboratories		
Number of individuals trained in surveillance methods and operations	50	
Number of individuals trained by CDC/ GAP for a technical program area	2,287	
Number of organizations/agencies receiving CDC/GAP support for monitoring and evaluation activities		
Data above are from GAP Zimbabwe's 2004 Annual Report.		Began a joint program with U.S. Agency for International Development (USAID) in three hospitals to enroll

1,000 patients in antiretroviral treatment (ART), and train necessary personnel in Clinical Management Software to help support the program.

Critical Intervention for HIV/AIDS Surveillance and Infrastructure Development

- Supported the development and implementation of a national PMTCT database.
- Supported revision of PMTCT monitoring and evaluation data collection tools.
- Supported the PMTCT Partners' Forum.
- ◆ Provided technical assistance to the Ministry of Health and Child Welfare (MOHCW) and USAID for completion of the 2004 National HIV and AIDS Estimates in an effort to better understand the spread of the epidemic.
- ♦ Supported the upgrading of district-level hardware/software in all districts and assisted with the inventory of existing data sets and their transfer to a central system.



